

Basic Health program changes

As we reported in September, Basic Health has made major changes to the program to keep as many members covered as possible and still provide you with a high-quality program. The following information is part of the continuing effort to educate Basic Health members about these changes.

Although you will share more of the cost for your health care coverage, many benefits and services are still available to you at low or no cost. Treatment by your primary care provider and specialty care are available with a low office visit copay. Some laboratory and radiology services are available to you at no cost.

The following benefits remain the same in 2004 and at no cost to you.

- Skilled nursing, hospice, and home health care
- Preventive care – routine well-child and well-adult physicals, including:
 - Mammograms
 - Immunizations
 - All tests from preventive care visits
 - PAP tests
- Maternity services (you must apply for the Maternity Benefits Program)

What's changing in 2004?

Starting this month, you will share more of the costs for some services. Cost sharing comes in the form of copays, coinsurance, and deductibles. Coinsurance costs for each member are limited by an out-of-pocket maximum (as explained in this section). In 2004, you are responsible for paying:

Copay – A set dollar amount you pay when receiving specific services, such as treatment during an office visit. In most cases, this is \$15, except for prescription drugs and emergency room visits. **Copays do not apply to your deductible, coinsurance, or out-of-pocket maximum.**

Deductible – The amount you pay before your health plan starts to pay a coinsurance for covered services. In 2004, you are responsible for paying the first \$150 of certain covered medical costs before your health plan pays the 80% coinsurance. The \$150 deductible has to be met every calendar year for each family member enrolled in Basic Health. **Your deductible does not apply towards your out-of-pocket maximum.** You will

receive an Explanation of Benefits (EOB) from your health plan that explains what services you received and how much to pay your provider.

Coinsurance – For certain services, such as hospital or ambulance services, you are responsible for paying 20% of the cost. Your health plan pays the remaining 80%. You will receive an EOB from your health plan that explains what services you received and how much to pay your provider.

Out-of-pocket maximum – Your coinsurance costs apply toward your out-of-pocket maximum of \$1,500 per person, per calendar year. When you reach your out-of-pocket maximum, you are not responsible for any further coinsurance costs for covered benefits and services received during that year. Your health plan will pay 100% of the coinsurance for all covered benefits and services. The \$1,500 out-of-pocket maximum applies to each family member enrolled in Basic Health.

Please note: If you change health plans any time during the year, the amount you've paid toward your deductible and out-of-pocket maximum for covered family members will start over with your new health plan.

This serves as official notice of changes to your Basic Health coverage, and is an addendum to your *Member Handbook*.

What to do if you have a complaint, grievance, or appeal

If you call your health plan or Basic Health, be sure to make a note of when you called, the number you called, who you talked to, and what was said.

Grievances with your health plan

If you are dissatisfied with services provided by your medical provider or health plan or disagree with a decision made by your health plan, contact the health plan directly. Upon request your health plan must provide you with written instructions for filing grievances and appeals. Each health plan will include information about how to request a review of its appeal decision by an Independent Review Organization. These processes may differ from one health plan to another, so it is important to follow the instructions from your health plan.

You can find your health plan's phone number in your *Member Handbook*, I.D. card, or online at www.basicealth.hca.wa.gov. You may also call Basic Health at **1-800-660-9840** for the phone number of your health plan.

Complaints or disputes with Basic Health

If you have a complaint about Basic Health or want an explanation of an action taken on your account, write to Basic Health at P.O. Box 42683, Olympia, WA 98504-2683, or call 1-800-660-9840. A representative will try to resolve the issue.

If you disagree with a Basic Health decision, you may file a written appeal with Basic Health. Your written appeal must be received within 30 days of the date of the decision or you will lose your right to appeal. Your appeal should be addressed to:

Basic Health Appeals
P.O. Box 42690
Olympia, WA 98504-2690

For your appeal to be processed, it is important that your letter include:

- Your name, address, and Basic Health I.D. number
- A daytime phone number where you can be reached
- A summary of the decision you are appealing and why you believe the decision was incorrect
- If you will need interpreter services, and in what language
- If you will need assistance due to a disability, and what assistance you will need

You may also ask to explain in person or by phone why you believe the decision was incorrect and should be changed. Your appeal will be decided based on the information you provide us and the information we have on record, so be sure to include any evidence that will help explain or prove that the decision should be changed. For more information about the appeal process and timelines, refer to your *Member Handbook*.

Your 2004 Member Handbook

Your new *2004 Member Handbook* will be sent to you at the end of January. It is your certificate of coverage, the legal document that describes the Basic Health program and its benefits, and outlines your rights and responsibilities as a member.

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.